

BYLAWS

of the

JUSTICE BEHAVIORAL HEALTH COMMITTEE

Amended 3.28.2012
Amended 12.11.2013
Amended 6.11.2014
Amended 6.10.2015
Amended 9.9.2015
Amended 3.9.2016
Amended 9.14.2016

1.0 NAME & AUTHORITY

This committee of the Community Corrections Division of the Nebraska Commission on Law Enforcement and Criminal Justice shall be known as the Justice Behavioral Health Committee (Committee). The Committee is a voluntary membership organization established under the direction of the Community Corrections Division. These guidelines define how the Committee fulfills its responsibilities in keeping with its purpose, mission, vision, and expected outcomes.

2.0 PURPOSE

The Justice Behavioral Health Committee exists to create, review, and facilitate the implementation of standards for substance abuse evaluations and treatment, and standards for mental health evaluations and treatment for the justice population.

3.0 MISSION, VISION & EXPECTED OUTCOMES

3.1 Mission

The Justice Behavioral Health Committee's mission is to ensure integration, cooperation, and active communication between the justice system and treatment systems; substance abuse and mental health.

3.2 Vision

The Justice Behavioral Health Committee strives for a collaborative working relationship between justice and treatment providers for the ultimate goal of effective competent client care. Our vision involves educational endeavors, data monitoring, provider competency, and strategic planning.

3.3 Expected Outcomes

1. Safer Community
2. Recidivism Reduction
3. Risk Reduction
4. Effective & Competent Client Care
5. Adherence to and expansion of the Nebraska Standardized Model.

4.0 MEMBERSHIP

4.1 Representation

Members serving on the Justice Behavioral Health Committee shall include representation from Nebraska's justice and behavioral health systems. Representation shall consist of:

1. The Chief of the Community Corrections Division of the Nebraska Commission on Law Enforcement and Criminal Justice
2. The Deputy Probation Administrator for Community Based Programs & Field Services or permanent designee
3. The Deputy Probation Administrator for Operations & IT Representative or permanent designee
4. The Program Director - Rehabilitative Services, Probation Administration
5. Two Chief Probation Officers - one juvenile, one adult
6. The Executive Director of the Crime Commission or a permanent designee
7. The Statewide Coordinator for Problem-Solving Courts
8. The director or permanent designee from the Department of Health and Human Services, Division of Behavioral Health
9. The director or permanent designee from the Department of Health and Human Services, Division of Medicaid and Long Term Care
10. Two representatives from the Behavioral Health Regions
11. The Director of Children & Family Services or a permanent designee
12. Two Licensed Mental Health Practitioners – one must be on the LMHP Licensing Board
13. Two Licensed Alcohol and Drug Counselors – one must be on the LADC Licensing Board
14. A University Criminal Justice representative
15. The Director of Supervision and Services, Parole, or a permanent designee
16. A physician
17. The Department of Correctional Services Medical Director or a permanent designee

18. A representative from the Department of Correctional Services, Behavioral Health or Substance Abuse or a permanent designee
19. Two licensed psychologists – one must be from the HHS Regulation and Licensure Credentialing Division or Board of Psychologists
20. A County Attorney
21. A Criminal Defense Attorney
22. A Consumer
23. The Administrator of Consumer Affairs for Behavioral Health
24. A representative from United States Probation
25. *(Eliminated 9.9.2015)*
A representative or designee from United States Pretrial Services
26. A representative from a county based community corrections or behavioral health diversion program
27. A director of a private substance abuse treatment program treating justice clients
28. A registered treatment provider utilizing the standardized model with justice clients
29. *(Eliminated 3.9.2016)*
Department of Correctional Services Director of Research
30. Member at large. Not required to fill this position
31. Member to represent the managed care behavioral health entity.

The co-chairpersons of the Justice Behavioral Health Committee shall be selected from the Members of the committee, through the nomination and ballot voting process. One of the co-chairs shall be a representative of the justice perspective and one shall be a representative of the behavioral health perspective. Each co-chair shall serve a term of three years. Co-chairpersons shall not both be elected in the same year, except in the event of extenuating circumstances of one of the serving co-chairpersons.

4.2 Vacancies

Membership shall be reviewed annually to determine vacancies. Vacancies shall be filled by calling for nominations, discussing the candidates, and conducting a ballot vote. After a vote to fill a vacancy is successful, a formal invitation to join the Justice Behavioral Health Committee will be sent along with meeting dates

and other relevant Committee materials. Any clarifications regarding voting will be decided by the sitting chair.

5.0 MEETINGS

5.1 Frequency

The Justice Behavioral Health Committee shall meet quarterly. If a quorum is not reached, and such is known prior to the meeting, the meeting may be cancelled.

5.2 Quorum

Ten members of the Justice Behavioral Health Committee shall constitute a quorum. Every act or decision done or made by a quorum of the Committee members present at a meeting shall be regarded as the act and decision of the Committee as a whole.

5.3 Voting

After a motion is made and seconded, a vote will carry after receiving two-thirds (2/3) of members or permanent designees present.

Only voting members, permanent designees and active staff shall sit at the meeting table during regular agenda items.

Voting shall occur by roll call. Minutes & Agendas will be approved by consent vote.

5.4 Proxies

Proxy voting will not be allowed.

6.0 ATTENDANCE

6.1 Minutes

Attendance, those present and those not present, will be reflected in the meeting minutes.

6.2 Attendance Requirements

It is expected that members will make every attempt to attend every Committee meeting. Members must attend at least two meetings during each calendar year. Four consecutive unexcused absences or six consecutive absences for any reason will result in a review of membership by the committee and the member shall be contacted by a member of the committee. If a member knows he or she will not be present at a meeting, the member must inform staff of his or her absence prior to the meeting.

The Chairperson shall conduct an annual attendance review at the first meeting of

the calendar year. The chair shall review the attendance records for the past year and entertain motions to remove any member from the committee who has four or more consecutive unexcused absences or six consecutive absences for any reason. Prior to the attendance review, the Chairperson shall attempt to communicate with members who have failed to meet the attendance requirements to inform them of the attendance requirements and determine their interest in continuing to serve on the Committee. Any member subject to such a motion who is present at the meeting shall be provided the opportunity to address the Committee prior to a vote taking place.

7.0 SUB-COMMITTEES

7.1 Makeup

Members of any sub-committee may be on the Justice Behavioral Health Committee, but it is not required—sub-committees are open to those not on the Justice Behavioral Health Committee.

The Chairperson of any sub-committee of the Justice Behavioral Health Committee must be a member of the Committee. The Justice Behavioral Health Committee shall nominate and vote on all sub-committee chairpersons.

7.2 Reporting Responsibilities

The Chairperson of each sub-committee is responsible for reporting at each Justice Behavioral Health Committee. If the Chairperson is unable to attend, he or she shall appoint someone else from the sub-committee to report.

8.0 OPEN MEETINGS ACT

All meetings of the Justice Behavioral Health Committee, except those closed sessions permitted by law, shall be open and public. All meetings shall conform to the Open Meetings Act, including requirements for notice of meetings, preparation and distribution of agendas, posting of the Act, and the taking of minutes.

Public testimony shall be heard at the end of each meeting.